

FILED JUN 3 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

182726

18060-57

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2424

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-57
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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN Lemay | |
| c. FULL NAME OF (If NOT in hospital, give location) Cardinal Glennon | | d. STREET ADDRESS (If outside, give location) 1008 Van Nostrand | |
| 3. NAME OF DECEASED (Type or print) Genevieve Hearn | | 4. DATE OF DEATH March 10, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 24, 1957 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 9. AGE (In years last birthday) 1 Months 14 Days |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Hearn | | 13b. MOTHER'S MAIDEN NAME Floy White | |
| 14. NAME OF HUSBAND OR WIFE Floy Hearn | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT Floy Hearn | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 5 weeks | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Triloculane | | Acute 4 Dys | |
| DUE TO (c) Patent ductus arteriosus | | | |
| DUE TO (c) Patent foramen ovale | | | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 754.1 | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Lemay, Missouri | | 20g. COUNTY St. Louis | |
| 20h. STATE Missouri | | | |
| 21. I attended the deceased from March 6, 1957 to March 10, 1957 and last saw her alive on March 10, 1957 Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Joyce E. Devine | | 22b. ADDRESS Cardinal Glennon Hospital | |
| 22c. DATE SIGNED 3-11-1957 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Mar. 12, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | | 23d. LOCATION (City, town, or county) (State) Lemay, Missouri | |
| 24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries | | 25. DATE RECD. BY LOCAL REG. Mar. 11, 1957 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith MD | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.